

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1.	1		1			
2.	1		1			
3.	2					
4.						
5.						
6.	2					
7.			1			
8.			1			
9.			1			
10.			2			
11.			2			
12.			2			
13.			1			
14.			1			
15.			1			
16.			1			
17.			1			
18.			1			
19.			2			
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50.						
TOTAL IND.	1		3			
TOTAL DEP.	8		16			
TOTAL CLAIMS	9		16			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

19 * MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS